



New York Q4 2018 Small Group Plans

	Classic											
	Classic Platinum \$0 \$3,000 10%	Classic Platinum \$0 \$2,000	Classic Platinum \$0 \$3,000	Classic Gold \$0	Classic Gold \$500	Classic Gold \$1,000	Classic Gold \$2,000	Classic Silver \$3,000	Classic Silver \$3,500	Classic Silver \$4,000	Classic Silver \$4,500	Classic Bronze
Premium (Q4 2018)												
Individual	\$853.20	\$850.29	\$844.30	\$761.05	\$739.94	\$717.73	\$693.02	\$632.43	\$621.34	\$590.34	\$574.41	\$511.94
Couple	\$1,706.40	\$1,700.59	\$1,688.60	\$1,522.10	\$1,479.87	\$1,435.45	\$1,386.05	\$1,264.86	\$1,242.69	\$1,180.69	\$1,148.83	\$1,023.88
Individual + child(ren)	\$1,450.44	\$1,445.50	\$1,435.31	\$1,293.79	\$1,257.89	\$1,220.14	\$1,178.14	\$1,075.13	\$1,056.28	\$1,003.58	\$976.50	\$870.30
Family	\$2,431.62	\$2,423.34	\$2,406.26	\$2,169.00	\$2,108.82	\$2,045.52	\$1,975.12	\$1,802.43	\$1,770.83	\$1,682.48	\$1,637.08	\$1,459.02
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$4,500 / \$9,000	\$4,000 / \$8,000
Coinsurance	10%	N/A	N/A	N/A	10%	20%	20%	30%	50%	50%	50%	50%
Individual Out-of-Pocket Max (Ivl / Family)	\$3,000 / \$6,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700
Prices for Benefits												
Primary Care / OBGYN	\$0	\$10	\$10	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	D&C 50%
Specialist	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Mental health office	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Physical, Occupational, and Speech Therapy	\$25	\$25	\$25	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75	D&C 50%
Labs	\$0	\$10	\$10	\$25	\$25	\$25	\$25	\$25	\$25	\$25	D&C 50%	D&C 50%
Emergency Room	\$200	\$200	\$200	\$500	\$500	\$500	\$500	\$500	\$500	D&C 50%	D&C 50%	D&C 50%
Urgent Care	\$50	\$50	\$50	\$75	\$75	\$75	\$75	\$100	\$100	\$100	\$100	\$100
MRIs & Advanced Imaging	\$100	\$100	\$100	\$100	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Xrays & Diagnostic Imaging	\$50	\$50	\$50	\$50	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Inpatient Hospital & Skilled Nursing Facility	D&C 10%	\$500	\$500	\$500	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Outpatient Facility	D&C 10%	\$100	\$100	\$100	D&C 10%	D&C 20%	D&C 20%	D&C 30%	D&C 50%	D&C 50%	D&C 50%	D&C 50%
Prescription Drugs	\$0 / \$30 / \$75	\$10 / \$30 / \$75	\$10 / \$30 / \$75	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$10 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / \$100	\$20 / \$50 / \$100	\$10 / D&C 50% / D&C 50%	After deductible: \$20 / \$50 / \$100
Free 24/7 calls with doctors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Free Oscar Center visits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

All plans are available with out-of-area coverage for an additional cost.
 Backup plans are not HSA-compatible.
 D&C stands for deductible and coinsurance.

All this information and more can be found on our Broker Resources Page: HiOscar.com/brokers

	Simple			Backup			
	Gold	Silver	Bronze	Gold	Silver \$3,000	Silver \$5,000	Bronze
Premium (Q4 2018)							
Individual	\$700.42	\$606.08	\$499.04	\$681.25	\$568.57	\$564.94	\$513.41
Couple	\$1,400.83	\$1,212.15	\$998.08	\$1,362.51	\$1,137.14	\$1,129.89	\$1,026.82
Individual + child(ren)	\$1,190.71	\$1,030.33	\$848.37	\$1,158.13	\$966.57	\$960.40	\$872.80
Family	\$1,996.18	\$1,727.32	\$1,422.26	\$1,941.57	\$1,620.42	\$1,610.09	\$1,463.22
Deductible (Individual / Family)	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Coinsurance	N/A	N/A	N/A	20%	30%	N/A	N/A
Individual Out-of-Pocket Max (IV / Family)	\$4,000 / \$8,000	\$7,000 / \$14,000	\$7,350 / \$14,700	\$4,000 / \$8,000	\$6,500 / \$13,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Prices for Benefits							
Primary Care / OBGYN	\$10	\$10	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Specialist	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Mental health office	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Physical, Occupational, and Speech Therapy	\$50	\$50	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Labs	\$25	\$25	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Emergency Room	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Urgent Care	\$100	\$100	\$100	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
MRIs & Advanced Imaging	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Xrays & Diagnostic Imaging	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Inpatient Hospital & Skilled Nursing Facility	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Outpatient Facility	Subject to deductible	Subject to deductible	Subject to deductible	D&C 20%	D&C 30%	Subject to deductible	Subject to deductible
Prescription Drugs	\$10 / \$50 / Tier 3 subject to deductible	\$10 / Tier 2 and 3 subject to deductible	Subject to deductible	After deductible: \$10 / \$50 / \$100	After deductible: \$20 / \$50 / \$100	Subject to deductible	Subject to deductible
Free 24/7 calls with doctors	✓	✓	✓	✓	✓	✓	✓
Free Oscar Center visits	✓	✓	✓	✓	✓	✓	✓

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